US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9025 2 Fisc	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing 4 Nam	4 Name file number and address of labor organization		
Name James M Owens Nam	Name Sheet Metal Workers Local Union 218		
Labo	Labor Organization File Number 5/7~475		
PO Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 3017 Sandgate Stre	Street 2855 Via Verde		
City Springfield City	Springfield		
State Illinois ZIP Code + 4 (2702 State	Ill mois ZIP Code + 4 62703		
5 Position in labor organization Vice President			
A Held an interest in engaged in transactions (including loans) with or derived monetary value from an employer whose employees your organization repr 6 Name and address of Employer (including trade name if any) Name	esents or is actively seeking to represent.		
P O Box Bldg Room No If any			
7 b Ai	nount		
Street			
Crty			
State ZIP Code + 4			
Signature			
15 Signature and verification. The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief, true correct and complete (See the section on penalties in the instructions.)			
Signed flag Cares On	8/12/05 (217) 523 - 6334 Date Telephone Number		

Name of Person Filing James M. Owens		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Sheet Metal Workers Local 218 S Apprenticeship and Development Fund Trade Name if any Smul 218 S JATK PO Box Bidg Room No if any Street 2855 Via Verde City Springfield State Illinois ZIP Code+4 62703	9 Business deals with a Labor Organiza b Trust c Employer	ation	
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name Trade Name if any P O Box Bldg Room No if any Street	The Smw 21 to Local Union	18 S JATC is a related trust 218,	
	11 b Approximate dollar val	ue of such dealing	
City	12 a Nature of interest he		
State ZIP Code + 4	The income re for teaching	ceived represents wages apprenticeship classes,	
	12 b Amount.	\$ 4,307 04	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name [į į	
Trade Name If any			
P O Box Bldg Room No if any			
Street			
City	-		
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment		